

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/577,268

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5	1						55						
6		1					56						
7		1					57						
8		1					58						
9		1st					59						
10		1st					60						
11		1st					61						
12		1st					62						
13		1st					63						
14		1st					64						
15		1st					65						
16		1st					66						
17		1st					67						
18		1st					68						
19		1st					69						
20		1st					70						
21		1st					71						
22		1st					72						
23		1st					73						
24		1st					74						
25		1st					75						
26		1st					76						
27		1st					77						
28		1st					78						
29		1st					79						
30		1st					80						
31		1st					81						
32		1st					82						
33		1st					83						
34		1st					84						
35		1st					85						
36		1st					86						
37		1st					87						
38		1st					88						
39		1st					89						
40		1st					90						
41		1st					91						
42		1st					92						
43		1st					93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	13	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	15						TOTAL CLAIMS						